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# FACSIMILE COVER SHEET

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Facsimile No.: 703-872-9306 Date: June 27, 2005  
From: William W. Schaal, Reg. No. 39,018  
Our Docket No.: 42390P9257 Number of pages 17 including this sheet.  
Application No.: 09/747,238 Filing Date: 12/22/2000  
Docket Due Date(s): 6/28/2005

**Enclosed are the following documents:**

<input checked="" type="checkbox"/> Amendment: ... Response ( <u>12</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief ( ____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ ( ____ pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet ( ____ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile _____	<input type="checkbox"/> Reply Brief ( ____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA ( ____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: ____ sheets, ____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input checked="" type="checkbox"/> Extension of Time: <u>one (1) month</u>	<input type="checkbox"/> Response to Written Opinion ( ____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 ( ____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

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William W. Schaaf

6/28/2005

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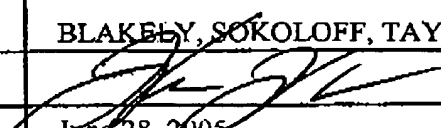
JUN 29 2005

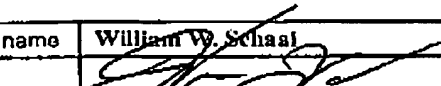
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application No.	09/747,238	
	Filing Date	December 22, 2000	
	First Named Inventor	David W. Grawrock	
	Art Unit	2132	
	Examiner Name	Minh Dinh	
Total Number of Pages in This Submission	16	Attorney Docket Number	42390P9257

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 28, 2005

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Typed or printed name	William W. Schaal		
Signature		Date	June 27, 2005

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<b>FEE TRANSMITTAL for FY 2005</b>		<i>Complete if Known</i>	
<small>Patent fees are subject to annual revision.</small>		Application Number	09/747,238
		Filing Date	December 22, 2000
		First Named Inventor	David W. Grawrock
		Examiner Name	Minh Dinh
		Art Unit	2132
		Attorney Docket No.	42390P9257
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>120.00</b>

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

<b>FEE CALCULATION</b>																																																																																																																	
<b>1. EXTRA CLAIM FEES</b>																																																																																																																	
Total Claims      27      28* =      0      x      50.00      =      \$0.00 Independent Claims      5      5* =      0      x      200.00      =      \$0.00																																																																																																																	
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>380</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>		Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	380	2203	180	Multiple Dependent claim, if not paid	1204	300	2204	150	**Reissue independent claims over original patent	1205	300	2205	150	**Reissue claims in excess of 20 and over original patent																																																																														
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<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	06/27/05

Based on PTO/SE-17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004  
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JUN 28 2005

<b>FEE TRANSMITTAL for FY 2005</b>		<i>Complete If Known</i>	
<small>Patent fees are subject to annual revision.</small>		Application Number	09/747,238
		Filing Date	December 22, 2000
		First Named Inventor	David W. Grawrock
		Examiner Name	Minh Dinh
		Art Unit	2132
		Attorney Docket No.	42390P9257
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 120.00		

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check   ☐ Credit card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_  
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**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims:	Extra Claims	Fee from below	Fee Paid
27	28	0	\$0.00
Independent Claims	5	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1202 50	2202 26	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 380	2203 180	Multiple Dependent claim, if not paid
1204 300	2204 150	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$)

\*For number previously paid, if greater, For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1051 130	2051 05	Surcharge - late filing fee or oath
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1409 130	2409 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(a)
1808 100	1808 100	Submission of Information Disclosure Sheet
1809 780	1809 395	Filing a submission after final rejection (37 CFR § 1.129(e))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

120.00

120.00

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	06/27/05

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